

## Emotional Intelligence and Medical Professionalism

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Medical professionalism is how physicians conduct themselves as physicians while serving patients and society in their roles as healer, medical professional and medical scientist. Medical professionalism is the basis for the trust in the patient-physician relationship.<sup>1</sup>

The selection of students for medical schools is generally done based on their marks in the qualifying examination and/or through a knowledge test. Knowledge of an individual is being considered as the main attribute for selection and training. Further, many have argued that Intelligence Quotient (IQ), or conventional intelligence, is too narrow that some people are academically brilliant yet socially and interpersonally not appropriate.<sup>2</sup> Studies have shown that IQ alone does not contribute to the professional success of medical professionals. Professionals who are trained to be clinically competent, but inadequate social skills for practice have proved to be less successful in their profession.<sup>3</sup> Emotional intelligence (EI) which has already proved to be key attribute for success in the corporate sectors has now gained momentum in the field of education in general and medical education in particular. EI describes the ability, capacity, skill, or self-perceived ability to identify, assess, and manage the emotions of one's self, of others, and of groups.<sup>4</sup>

EI, often measured as an emotional intelligence quotient, or EQ is recognized as an important personal attribute involved in nurturing the patient-physician relationship and is thus increasingly included in the medical education curriculum.<sup>5</sup> Goleman has pointed out, that at a time of heightened competition for patient loyalty, those physicians who are more aware of their patient's emotions are more successful in treating them than their less perceptive colleagues.<sup>6</sup>

<b>EQ</b>	<b>≠</b>	<b>IQ</b>
Emotional		Cognitive
Experiential		Academic
I Feel		I Think

Studies involving some 2800 physician "star performers" have shown that 75% of a high achiever's success is a function of emotional intelligence, while 25% of success reflects technical competency.<sup>7</sup> As a result, interpersonal communication skills have been designated as one of the six areas of professional competence for physicians by the Accreditation Council for Graduate Medical Education.<sup>5</sup> The other areas of professional competence are patient care (including clinical reasoning), medical knowledge, practice-based learning and improvement (including information

management), professionalism, and systems-based practice (including health economics and teamwork).<sup>2</sup> EI is included as one of the assessment items under affective and moral domains.<sup>7</sup>

EI is a set of 4 distinct yet related abilities<sup>8</sup>:

**Perceiving emotions** — the ability to detect and decipher emotions in faces, pictures, voices, and cultural artifacts- including the ability to identify one's own emotions. Perceiving emotions represents a basic aspect of emotional intelligence, as it makes all other processing of emotional information possible.

**Using emotions** — the ability to harness emotions to facilitate various cognitive activities, such as thinking and problem solving. The emotionally intelligent person can capitalize fully upon his or her changing moods in order to best fit the task at hand.

**Understanding emotions** — the ability to comprehend emotion language and to appreciate complicated relationships among emotions. For example, understanding emotions encompasses the ability to be sensitive to slight variations between emotions, and the ability to recognize and describe how emotions evolve over time.

**Managing emotions** — the ability to regulate emotions in both ourselves and in others. Therefore, the emotionally intelligent person can harness emotions, even negative ones, and manage them to achieve intended goals.

### Educational Implications of EI in Medical Education

It could develop a better understanding of the competency of interpersonal and communications skills of medical students and medical professionals which is more important in relieving anxiety and establishing trusting relationships.<sup>8</sup> EI of individuals can be measured using appropriate tools which help the medical teachers to carry out necessary educational interventions for the desirable development of EI among the medical students during the formative period.<sup>5,8</sup> Doctors with good EQ have proved to have effective communication and interpersonal skills and are less likely to receive patient complaints and more likely to play a major role in reducing medical errors.<sup>9</sup> Educational interventions can be designed to enhance student recognition of patient needs and personal satisfaction.<sup>9</sup> Assessment of EI is now used as part of the selection process for some medical school applicants in an effort to consider an applicant's competence in interpersonal skills.<sup>1,2</sup>

### Conclusion

Medical education must change to meet the changing health care needs of the population and the changing demands of patients. It is widely acknowledged that medical schools must strive hard to improve the overall competency of medical students in the interpersonal dimension of practicing medicine. By developing the emotional intelligence, medical students and

professionals can become more productive and successful in what they do and help others become more productive and successful too.

## References

1. Cruess SR, Johnston S, Cruess RL. Professionalism for Medicine: Opportunities and Obligations. *Iowa Orthopedic Journal*. 2002; 24:9-14.
2. Accreditation Council for Graduate Medical Education. Program director guide to the common program requirements. [http://www.acgme.org/acWebsite/navPages/nav\\_commonpr.asp](http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp). Accessed October 19, 2011.
3. Talarico J, Metro D, Patel R, Carney P, Wetmore A. Emotional intelligence and its correlation to performance as a resident: a preliminary study. *J Clin Anes*. 2007; 20 (2): 84-89.
4. Weng, H., Chen, H., Chen, H., Lu, K., Hung, S. Doctors emotional intelligence and the patient-doctor relationship. *Medical Education*. 2008; 42(7): 703-711.
5. Grewal D, Davidson H A. Emotional Intelligence and Graduate Medical Education *JAMA*. 2008; 300 (10):1200-1202.
6. Goleman DP. *Emotional Intelligence: Why it Can Matter More than IQ for Character, Health and Lifelong Achievement*. New York, NY: Bantam Books; 1995.
7. Epstein R M, Hundert E M. Defining and assessing professional competence. *JAMA*. 2002; 287: 226-235.
8. Freshman B, Rubino L. Emotional intelligence: A core competency for health care administrators. *Hlth Care Mgr*. 2002, 20(4), 1–9.
9. Mayer J, Salovey P. What is emotional intelligence? In: Salovey P, Sluyter D, eds. *Emotional Development and Emotional Intelligence: Implications for Educators*. New York, NY: Basic Books. 2007:3-31.